Louisiana Coordinated System of Care (CSoC)

In March 2011, Governor Bobby Jindal of the State of Louisiana created by Executive Order BJ 2011-5, the Coordinated System of Care (CSoC) for children and youth with serious emotional disturbances and their families. The Louisiana CSoC initiative creates a single point of entry for families of children who have complex behavioral health needs and are either in or at risk of being in out-of-home placement, such as foster homes, group homes, juvenile detention facilities, and residential treatment centers. As of November 28, 2014, 3,796 children and youth have or are currently participating in CSoC.

CSoC combines resources from the State's four child-serving agencies: Department of Children and Family Services, Department of Education, Department of Health and Hospitals, and Office of Juvenile Justice. The CSoC Governance Board is comprised of executives of the four departments, a representative from the Governor's Office, participant youth and families, and advocate representatives.

CSoC is an innovative reflection of two powerful movements in health care: coordination of care for individuals with complex needs and family-driven and youth-guided care. CSoC uses a wraparound approach to create and oversee a service delivery system that is better integrated, has enhanced service offerings and achieves improved outcomes by ensuring families who have children with severe behavioral health challenges get the right support and services, at the right level of intensity, at the right time, for the right amount of time, from the right provider, to ultimately keep or return children home or to their home communities. Combining all services into one coordinated plan allows for better communication and collaboration among families, youth, state agencies, providers and others who support the family.

The Louisiana CSoC initiative aims to decrease the number of youth in residential/detention settings, reduce the cost for providing services by leveraging Medicaid and other funding sources, and improve the overall outcomes for these children/youth and their caregivers. Although CSoC is a relatively new initiative, the most recent Child and Adolescent Needs and Strengths assessment (CANS) outcomes report is promising; 69.7% of youth had a reduction in high risk behaviors, and 76.7% of youth showed improved overall functioning while enrolled in CSoC. There is evidence that enrollment does decrease out of home placement. Data indicates that the percent of CSoC children who had restrictive placement prior to enrollment in wraparound, making them at much greater risk for subsequent out-of-home placement, was 31.29%. After enrolling in CSoC , the percent of CSoC children placed in restrictive placement decreased to 18.18%. This shift indicates that the Louisiana CSoC is decreasing out of home placements for the most at risk youth.

Wraparound Model

Wraparound is a philosophy of care with defined planning process used to build constructive relationships and support networks among youth with complex behavioral health needs and their families. It is community based, culturally relevant, individualized, strength-based, and family-centered. The outcomes of high fidelity wraparound include better functioning and mental health outcomes, reduced recidivism and better juvenile justice outcomes, increased rate of case closure for child welfare involved youth, reduction in residential placements and inpatient hospitalizations resulting in reduced cost, and increased utilization of home and community-based services, which reduces usage of more costly out-of-home placements.

There are nine regional wrap around agencies (WAA) in Louisiana, to serve the sixty-four parishes within the state. The nine regions are: New Orleans, Baton Rouge, Covington, Thibodaux, Lafayette, Lake Charles, Alexandria, Shreveport and Monroe. Within each WAA, wraparound facilitators work in collaboration with youth and their families and other identified team members to create individualized plans of care that address and support the needs and goals of the family, state agencies, behavioral health providers, and other stakeholders. The goal of this

Child and Family Team process is to keep youth in their homes and communities by increasing youth/family skills, connections to community resources and supports, and access to identified services and providers. Intensive coordination and collaboration between the WAA and the state management organization (SMO) is vital to achieve the desired outcomes.

Waiver Authorities

CSoC and the Wraparound approach at its center are operationalized in Louisiana through coordination between the 1915(c) and 1915(b) waivers, which are approved and regulated by the federal authority of the Center for Medicaid and Medicare Services (CMS). The 1915(c) wavier allows for the State to offer a coordinated, innovative package of home and community based services to youth who are clinically eligible for, and would otherwise be served in, an inpatient level of care. To determine clinical eligibility, youth must be assessed using a standard tool to have a severity of symptoms and behaviors such that they meet criteria for an inpatient level of care. However, under the authority of the 1915(c) waiver, youth and families are offered the choice to instead receive intensive, in-home services, coordinated through Wraparound, to help the youth stabilize and improve within his or her own home. The majority of youth receiving CSoC/Wraparound services are able to do so under the authority of the 1915(c) waiver, due to their meeting criteria for inpatient hospitalization but choosing to take advantage of home and community based services instead.

In addition, the complementary 1915(b) waiver (including the 1915(b3) component) offers the state the opportunity to serve a small number of additional youth with Wraparound/CSoC services. The 1915(b3) section of the 1915(b) waiver gives the state the authority to use savings obtained from managed care operations for the larger Medicaid population, in order to finance 1) administrative costs related to the 1915(c) waiver, and 2) Wraparound/CSoC services for an additional cohort of youth whose clinical needs, while intensive, do not quite meet the threshold for inpatient care. These youth, who meet clinical eligibility for the level of care just below inpatient – Psychiatric Residential Treatment Facilities (PRTF) – are able to be served due to the 1915(b3) option to utilize savings from managed care in this way. An additional function of the 1915(b3) option is to fund CSoC services for youth who are temporarily placed in inpatient or PRTF facilities. As the 1915(c) waiver is federally restricted to be used only when youth are in home and community based settings, youth cannot receive 1915(c) authorized services if – due to their symptom severity increasing – they need to temporarily receive treatment in a higher level of care. In these cases, the state is able to use the 1915(b3) option to authorize resumed CSoC/Wraparound services to youth as they approach time for discharge from institutional settings. The ability to begin CSoC/Wraparound services before youth return home can be vital to the success of youth's transition back into the community.

The SMO performs the following administrative functions:

1. Manage referrals/intake
    a. Conduct initial risk screening
    b. Conduct clinical screening by Licensed Mental Health Professionals trained to perform the brief Child and Adolescent Needs and Strengths (CANS) assessment
    c. Determine presumptive eligibility
    d. Make and manage concurrent referrals to WAA and Certified Providers to establish CSoC enrollment
2. Determine clinical eligibility
    a. Review and score comprehensive CANS/Individualized Behavioral Health Assessment (IBHA) to validate CSoC level of care
    b. Monitor to ensure clinical eligibility is determined within established timelines
    c. Manage allocation of 2400 CSoC slots across the state
    d. Have available adequate intensive care management when CSoC slot not available

3. Oversight of financial eligibility
4. Assess and approve plan of care submitted by WAA
    a. Ensure needs identified on IBHA /CANS are addressed on plan of care
    b. Ensure waiver requirements are met, as well as fidelity to wraparound practice
5. Authorize services outlined on the plan of care, monitor to ensure implementation
6. Ensure appropriate funding streams are accessed as youth move in and out of Medicaid waiver eligibility
    a. Monitoring when youth, due to improvements in treatment, no longer meet criteria for inpatient level of care (which is a requirement to receive services under the 1915(c) waiver authority) and must therefore be transferred under the authority of the 1915(b3) waiver option.
    b. Monitoring when youth experience an increase in symptom severity and must temporarily receive treatment in an institutional setting, and therefore must stop receiving services under the 1915(c) authority. Following this, monitoring when youth are preparing for discharge in order to ensure that youth resume CSoC/Wraparound services under the 1915(b3) authority, and then returning youth to the 1915(c) wavier once they return to a home and community-based setting.
    c. Transferring youth between waiver categories in such a way that services continue uninterrupted.
7. Establish sufficient and appropriate network of providers
    a. Including providers of the specialized CSoC Services
8. Establish and maintain a vibrant peer support network
9. Data Collection & Reporting
    a. Wraparound Data Spreadsheet
    b. Claims Data
    c. Medicaid Roster
    d.
    e. Electronic Health Record
    f. Wraparound Scorecard
    g. Provider dashboard
10. Collect, aggregate, and analyze data for performance measures, RFP deliverables and quality assurance measures
11. Audit providers for waiver compliance and fidelity of practice standards
12. Create/monitor corrective action plans and quality improvement projects when performance fails to meet required thresholds
13. Customer satisfaction survey
14. Have SME trained in wraparound values, principles and practice; waiver requirements; Medicaid policies/protocols; mandates and practices of child serving agencies
15. Responsible for Training
    a. WAA facilitators and coaches in high fidelity wraparound practice
    b. Develop internal capacity to create statewide sustainable wraparound trained workforce
    c. Develop provider network understanding/capacity to work within a System of Care environment

Citations

Goodson, C. (2014). "Coordinated System of Care Report to the Governance Board October 22, 2014" Downloaded from: http://csoc.la.gov/assets/csoc/Documents/GovernanceBoard/2014October/2014OctoberCSoCDirectorsReportFinal.pdf

Pires, S.A. (202). "Building Systems of Care: A Primer." National Technical Assistance Center for Children's Mental Health. Downloaded from: http://gucchd.georgetown.edu/72377.html

The National Wraparound Initiative. Downloaded from: http://www.nwi.pdx.edu/

Office of the Governor (2011). Coordinated System of Care Governance Board. (State of Louisiana Publication No. BJ 2011 – 5). Downloaded from: http://gov.la.gov/assets/docs/5%20BJ%202011%20CSoC%20Governance%20Board.pdf